Nothnagel has indicated cerebellar ataxia as an almost unfailing symptom of extensive disease of the vermis, but Becker succeeded in finding in the literature some seven cases similar to his own. He concludes, therefore, that cerebellar ataxia is associated with the lesion of some special tract in this region, and points out that Edinger has described the cerebellar-olivary tract, from the superior olive, crossed corpus restiforme, capsular fibers (Vliess), superior peduncle, to the red nucleus, as probably specially connected with the equilibrium function. This tract Becker specially studied in his case and found it free from secondary degeneration, and therefore concludes that the case favors Edinger's hypothesis.

Ueber den Klangstab, nebst Bemerkungen über den Acusticusursprung. JUL. NUSSBAUM. Medicin. Jahrbücher, 1888, S. 187.

On examining the striae medullares, which are considered to form a central tract for the accessory auditory nucleus, it is found that only the most cephalically placed bundles decussate immediately beneath the floor of the ventricle. The same is true for the major portion of fibers which appears to have the same origin, but which, after crossing, takes a direction more cephalic along the floor of the ventricle and disappears at its antero-lateral edge, often in the region of the locus coeruleus. This bundle is frequently present, though inconstant and variable, and forms the conductor sonorus (*Klangstab*) of Bergmann. In the conductor there is a central core of cells completely surrounded by fibers. For this structure no function has as yet been assigned. Nussbaum further describes a bundle which follows the striae medullares in its later course, but within the medulla is at first associated with the ascending root of the acusticus.

(When a structure like the "conductor" is described as inconstant, the term must be taken as a rule to apply only to its macroscopic appearance, for the same structure sunk somewhat below the floor of the ventricle would not be discoverable on superficial examination.—D.)

Herderkrankung des unteren Scheitelläppchens. C. WERNICKE. Archiv f. Psychiatrie, XX, 1, S. 243.

A man of 70 years suffered a slight cerebral attack without external injury. The head tended to the right, and there was slight sensory and motor paralysis in the left side of the body, the facialis included. The most striking symptom was, however, the conjugate deviation of the eyes to the right, with inability to turn them to the left. This disappeared in a few days. A second attack was followed by almost complete paralysis of the left arm and leg—transient but considerable disturbance of speech, the paralysis of the left facialis remaining insignificant; three days later divergent strabismus of the right eye. A few days after the second attack the patient died. Wernicke had diagnosed a lesion in the inferior portion of the parietal lobe, and a second in the region of the internal capsule. This second lesion was necessary to explain the complete hemiplegia consequent on the second attack. His localization of the first lesion was based on a case of Grasset's (Montpellier Med., June, 1879), and the experiments of Ferrier and Munk, in which conjugate deviation of the eyes was found associated with the angular gyrus. A softening in this locality would also account for the other sensory